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UNFPA strategic plan, 2026-2029

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Annex 4

Global and regional programmes

3. Arab States regional programme (2026-2029)

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I. Programme rationale

1. The Arab States region is marked by stark economic contrasts, encompassing both wealthy nations and others grappling with acute poverty and development challenges. This programme spans 20 countries,¹ featuring highly diverse political, economic, social and demographic landscapes, with some of the world's youngest populations and other countries on the cusp of an aging transition. The regional population – currently estimated at nearly half a billion – is projected to reach approximately 670 million by 2045. Fertility rates, population growth and age structures vary significantly across and within countries, alongside disparities in access to health, education and economic opportunities. In addition, approximately 60 million people (12 per cent) in the Arab States region live with disabilities. The region also spans contexts of dynamic economic and social transformation, as well as acute and protracted humanitarian crises, further exacerbated by vulnerabilities to climate change and significant population displacement.

2. An estimated 87.1 million people (18 per cent) across the region require humanitarian assistance in 2025 – representing over a quarter of global needs and the highest share of any region. In addition, the region has one of the largest refugee flows globally and hosts some of the most significant numbers of internally displaced persons (IDPs). Fragile health systems in host countries struggle to absorb the demand for sexual and reproductive health (SRH) services, while protracted displacement disrupts access to contraception, skilled birth attendance and gender-based violence (GBV) prevention and response services. Additionally, sudden and alternating climate shocks – such as floods, drought, heat waves and water scarcity – have damaged infrastructure, disrupted healthcare access and further eroded the population's capacities to cope. In some countries, the private sector is playing a growing role in healthcare provision, where instability has weakened public health systems and financing mechanisms.

3. Access to SRH services remains highly uneven, with fragile and crisis-affected settings facing acute disruptions in service continuity and stable settings facing inequities across geographic and socioeconomic groups. GBV is pervasive, exacerbated by social norms, weak governance and accountability mechanisms and humanitarian crises. Harmful practices such as child marriage and female genital mutilation (FGM) persist, affecting the most marginalized groups. In some countries, social norms negatively impact access to family planning and services for sexually transmitted infections and HIV. Data systems for evidence generation remain underdeveloped or outdated in many parts of the region, limiting the ability to identify infrastructure and service gaps, monitor progress, advocate effectively and design evidence-based policies. The persistence of these regional challenges – while acknowledging the opportunities – reaffirms the importance of a robust regional programme to support the achievement of the International Conference on Population and Development (ICPD) Programme of Action and the 2030 Agenda for Sustainable Development, ensuring no one is left behind.

4. Maternal mortality ratios range widely across the region, from 3 deaths to 563 per 100,000 live births, reflecting significant differences in availability of and access to quality care and services. As of 2023, the regional maternal mortality ratio averaged 129 per 100,000 live births, a 50 per cent reduction since 2000. However, the rate of progress has slowed considerably, with the average annual rate of reduction dropping from 3.9 per cent between 2000 and 2015 to 1.3 per cent from 2016 to 2023. Maternal morbidities continue to affect women's health and quality of life. For every maternal death, it is estimated that there are 20-30 women who experience severe acute or chronic conditions such as obstetric fistula. Even in contexts considered more stable, inequalities persist between subnational regions, rural-urban contexts and across population groups, often obscured by national averages. These trends underscore an urgent need to support governments in addressing these gaps to accelerate progress and ensure that national gains in maternal health are both inclusive and sustained.

5. Unmet need for family planning remains a pressing challenge, particularly in conflict-affected and fragile states, where health system disruptions impact service continuity. Accessibility to services remains a foremost challenge – out of the 122 million women of reproductive age (15-49 years) who are married or in union, 18.3 million (15 per cent) have unmet needs for family planning. This ranges from 10 per cent in

¹ As per UNFPA regional distribution, the Arab States regional programme includes 20 of the 22 countries belonging to the League of Arab States, with Comoros and Mauritania included in the regional programmes of East and Southern Africa and West and Central Africa, respectively.

Morocco to 27 per cent in Sudan. Fewer than two thirds of women aged 15-24 years have their demand for family planning satisfied. About a third (28 per cent) and half (45 per cent) of all women and women who are married or in union, respectively, use modern contraceptives in the region. In some parts, such as the Horn of Africa, family planning services remain heavily dependent on international support. In addition, financial accessibility for SRH services is limited, with high out-of-pocket expenditure, driven by stockouts and reliance on private providers limiting accessibility across the region. Currently, a third of the Arab region's health expenses are out-of-pocket payments, rising to 46 per cent when Gulf Cooperation Council (GCC) countries are excluded.

6. Deeply entrenched social and gender norms continue to thwart efforts to make significant gains in the prevention of GBV and harmful practices. Women with disabilities, refugees, IDPs and adolescent girls are particularly at risk. Various forms of GBV are prevalent and pervasive in the region, including physical and sexual violence, child marriage (37 million girls) and FGM (50 million women and girls); in Somalia, there is a 99 per cent prevalence rate of FGM. In addition, new and emerging forms of GBV, including technology-facilitated GBV, are a growing concern. A 2021 study found that 60 per cent of women internet users in the Arab States region have been exposed to online violence, which often serves as a gateway to physical offline GBV. Sexual exploitation and abuse in the region continue to be exacerbated by increased humanitarian crises and subsequent weak accountability mechanisms. In addition, limited data on GBV makes it difficult to generate robust evidence for tracking progress and advocating for and designing targeted interventions.

7. Demographic trends are further shaping the region's development trajectory, as it undergoes a complex demographic transition. Fertility rates have steadily declined from five children per woman in 1995 to approximately three in 2025, ranging from a low of 1.21 in Saudi Arabia to a high of 6.01 in Somalia, with a further reduction to 2.2 expected by 2045, as per the *World Population Prospects 2024* data. In countries with slowing population growth, geopolitical tensions, conflict and resource competition are at times shaping national policies in ways that can risk sidelining reproductive rights, underscoring the importance of rights-based approaches to ensure that individuals can make informed, voluntary decisions about childbearing.

8. Currently, individuals under 30 years comprise 60 per cent of the population in the region. Adolescents aged 10-19 years are one in five and nearly one in three when expanded to 10-24 years. While just one in 20 people in the region is currently over 65 years, up to 13 countries are projected to have at least 7 per cent of their population aged above 65 years by 2045, heralding the aging transition. These dynamics offer both challenges and opportunities. Harnessing the benefits of the region's youth requires strategic investments in education, employment, gender equality, health and governance systems that enable young people meaningful engagement to realize their full potential. Conversely, rising life expectancy calls for strengthened social protection, healthcare systems and better engagement mechanisms for older persons.

9. The Arab States region faces significant and interrelated challenges in population data systems across both development and humanitarian contexts. There is a lack of data and evidence on the social, health and economic conditions of the growing number of marginalized populations, such as displaced populations, since they are not adequately included in national data production systems. Seven countries did not undertake a census in the 2020 round due to conflict, political instability and resource constraints. Lack of census data hampers other population data systems. Representative population-based surveys – the main source of SRH indicators – remain scarce, limiting comparative trend analysis. Broader issues – including limited reliable and timely data, weak institutional capacity, challenges in producing high quality and up to date data, infrastructure gaps and fragmented or non-integrated data systems – constrain the generation and use of evidence in policy and programming.

10. The Pact of the Future and the Global Digital Compact emphasize future generations, innovation and digital impact and offer a strategic pathway for leveraging digital tools to accelerate progress on the three transformative results and address demographic change. High internet penetration, technological advancements, artificial intelligence and big data are expanding access to health information, SRH services and protection interventions. GCC countries have prioritized innovation as part of their economic diversification strategies. In addition, the region's young generation represents a major promise for technological innovation and social change. Gender equality initiatives – particularly in workforce participation, legal reforms and financial inclusion – are gaining traction in Algeria, Egypt, Jordan, Lebanon and Morocco, creating momentum for change.

11. An evaluation of the last Arab States regional programme, 2022-2025, highlighted UNFPA contributions to strengthening data systems – particularly for censuses, civil registration and vital statistics, health, access to family planning and SRH services, and GBV prevention and response, especially in fragile settings. The integration of family planning into primary healthcare improved, notably in Egypt, Jordan and Tunisia, where national supply chains were reinforced. The rollout of maternal and perinatal death surveillance and response systems enhanced data collection and accountability, though sustainability remains a challenge. The regional programme also strengthened youth engagement by assessing youth-responsive SRH services and advocating for age-appropriate comprehensive sexuality education (CSE). In humanitarian settings, where systems were weakened or collapsed, midwifery services and community-based approaches supported the continuity of care. Cash and voucher assistance (CVA) improved access to SRH and GBV services for marginalized populations, while support to GBV in emergencies and coordination via “area of responsibility” bolstered response mechanisms.

12. Drawing from other evaluative evidence – including country programme evaluations that highlighted how protracted displacement severely impacts access to critical SRH and GBV services in humanitarian contexts – this cycle will further strengthen successful areas such as data systems, humanitarian preparedness and innovation to mitigate service disruptions in crisis settings. A regional analysis of nationally determined contributions and climate change impacts on the three transformative results laid the groundwork for scaling up UNFPA climate adaptation efforts. Key successes included effective humanitarian preparedness, strengthened partnerships and innovation. However, challenges remain, particularly in changing entrenched social norms and addressing data gaps. Emerging opportunities involve leveraging digitalization, artificial intelligence and self-care to more innovatively expand the reach of information and services, further exploring innovative financing. Building on these findings and lessons, the development of the new regional programme was shaped through extensive consultations with country offices and headquarters, ensuring their roles as key partners in setting priorities and defining implementation approaches.

II. Programme priorities and partnerships

13. The regional programme, 2026-2029, is derived from the UNFPA Strategic Plan, 2026-2029, and is aligned with the ICPD Programme of Action and the 2030 Agenda, focused on delivering at the regional level the four outcomes of the strategic plan: (a) ending the unmet need for family planning; (b) ending preventable maternal deaths; (c) ending GBV and harmful practices; and (d) demographic change. Implementation modalities follow the UNFPA global business model – informed by the 2024 quadrennial comprehensive policy review and lessons learned from the evaluation of the previous programme – and are responsive to the region’s fluid political, social and economic environment. It will also align with the outcomes of the ongoing United Nations reform processes, including UN80.

14. Through this regional programme, the UNFPA Arab States Regional Office will deliver responsive, needs-driven support and oversight to country offices, tailored to each country’s unique contextual needs and subnational diversities. The programme will strengthen capacities through targeted technical assistance on normative frameworks and institutionalize systematic cross-country knowledge sharing and South-South and triangular cooperation. The programme will also leverage strategic partnerships to increase reach, knowledge and brainpower. Given the increasing complexity and transboundary nature of conflicts and displacement across the region, the programme will also reinforce cross-regional and multi-country approaches – such as regional refugee response plans and the joint UNFPA Horn of Africa initiative. These efforts aim to ensure stronger country-level results and more adaptive, resilient programming, contributing to progress towards national priorities and regional outcomes.

15. To further ensure impact and sustainable national ownership, the regional programme will support country offices in aligning country programmes with national policies, planning processes and financing mechanisms, while advocating for increased political commitment to the ICPD agenda. The evaluation of the regional programme, 2022-2025, highlighted the need to strengthen capacity to engage in new financing models and partnerships, including Islamic financing. In response, the programme will support the generation of national-level tools and analyses to guide advocacy for increased, more efficient public sector commitments to the ICPD agenda.

16. Ensuring the transition from humanitarian action to development is critical for achieving sustainable outcomes in crisis-affected contexts. While humanitarian efforts provide immediate life-saving assistance, long-term stability requires integrating emergency preparedness and response with systems strengthening, early recovery and resilience-building efforts across stable and fragile contexts alike. Recognizing the cyclical nature of climate-induced crises in the region, the programme will support national systems and country offices to anticipate and prepare for recurring shocks. To facilitate this, the regional programme will support country offices in prioritizing participatory capacity-strengthening and inclusive, climate-responsive, community-driven development strategies led by women and youth. Investing and documenting participatory approaches that engage affected populations in shaping resilience at the systems, institutional, community and individual levels will be critical to support country offices in fostering national ownership and accountability.

17. To deliver on United Nations system reforms, the regional office will achieve results by strengthening joint programming and regional collaboration. Through this programme, the regional office will scale up joint initiatives with United Nations organizations, the League of Arab States, the African Union and academic and civil society institutions. For example, it will collaborate with the World Health Organization (WHO) and the United Nations Children's Fund (UNICEF) on accelerating national commitments to maternal and newborn health in development and humanitarian settings and with the United Nations Office for the Coordination of Humanitarian Affairs (OCHA) on humanitarian interventions. In addition, the programme will support youth engagement through partnerships with UNDP and the League of Arab States on youth, peace and security. Through regional level issues-based coalitions, the regional office will continue advancing regional support for the implementation of the 2030 Agenda and supporting Member States in operationalizing normative frameworks, particularly on gender equality, youth empowerment and participation.

18. The regional programme is anchored in a change narrative that identifies the Arab States region's core development challenges, their underlying drivers, associated risks and potential opportunities. The programme is tailored to the region's diversity, with support differentiated to countries based on the UNFPA corporate tier system, and the specific contexts of humanitarian, conflict and post-conflict settings, high-income countries, least developed countries and middle-income countries to ensure context-specific and transformative impact across the region.

19. Based on this, the regional programme will prioritize three areas to support country offices, ensuring UNFPA responds to the needs of women, girls and young people and leaves no one behind: (a) humanitarian response and resilience building – supporting enhanced humanitarian preparedness, response, coordination and local capacity-strengthening; (b) social norms and behaviour change – supporting country offices with tools and knowledge specific to the region to develop and measure multisectoral, community-driven approaches; and (c) financing mechanisms – building understanding, generating evidence on the return on investment and advocating for national financing for ICPD issues. These efforts include a strong role in knowledge management by identifying and synthesizing good practices, capturing lessons learned and building on successful approaches to inform adaptive programming across regional communities of practice.

A. Output 1: Data, analysis and foresight

20. Given the complexity of megatrends such as climate change, demographic shifts, urbanization, technological advancements and inequalities in the region, the programme will provide technical and thought leadership for the generation and synthesis of evidence to inform strategic foresight and scenario planning for *adaptation* and resilience to future challenges and opportunities. High-quality, disaggregated data will be prioritized, with a focus on identifying inequities, building future scenarios and foresight, and scaling interventions that support sexual and reproductive health and reproductive rights and achieve the SDGs.

21. To achieve this output, the regional programme will: (a) strengthen national statistical systems for the implementation of population and housing censuses and nationally representative household surveys, and for the development of robust civil registration and vital statistics systems and administrative and service data platforms, including health management information systems (HMIS), maternal and perinatal death surveillance and response, and GBV information management systems, ensuring alignment with international standards and use of new technologies, including artificial intelligence for data collection and analysis; (b) provide thought leadership on the intersection of demographic change and sustainable development –

including developing demographic profiles and foresight analyses, using a gender lens to anticipate demographic shifts and integrate population dynamics, climate change, urbanization (and other megatrends) and demographic dividend opportunities into national policies and development strategies; and (c) strengthen national capacities for data collection, triangulation, analysis and their utilization in humanitarian, conflict and post-conflict contexts, leveraging innovative tools such as geospatial population modelling, geographic information systems, small area estimation techniques, common operational datasets for population statistics, as well as early warning and early action data systems.

B. Output 2: Policy, advocacy and accountability

22. The regional programme will coordinate strategic initiatives to promote data-driven decision-making that bolsters normative frameworks and positions UNFPA as a thought leader in SRHR, demographic change and other megatrends. It will expand policy dialogue and normative guidance by engaging parliamentarians and other stakeholders to strengthen legal frameworks, policies and strategies and to enhance the monitoring and accountability of commitments related to SRH, adolescents, youth, GBV and demographic dynamics.

23. To achieve this output, the regional programme will: (a) utilize intergovernmental platforms and partnerships to advocate for the inclusion of comprehensive SRH and GBV services, including adolescents and youth sexual and reproductive health, within universal health coverage (UHC) packages; (b) support the development and promotion of innovative strategies to integrate SRH, including maternal health, into social protection schemes; (c) enhance midwifery leadership and practices through regional advocacy mechanisms that drive supportive policy reforms and effective implementation; (d) support countries to institutionalize crisis preparedness plans that integrate climate change considerations and strengthen health and social protection systems through the inclusion of SRH and GBV and leveraging of youth leadership; (e) advocate for the integration of the impact of demographic change and other megatrends into national and regional development policies that are gender-responsive and follow a human rights-based approach; (f) ensure national policies for SRH, GBV and youth services are inclusive of persons with disabilities, refugees and displaced persons; (g) leverage regional intergovernmental bodies and youth movements to strengthen youth-related policies, accountability frameworks and participatory mechanisms, ensuring the inclusion of youth with disabilities, in the formulation and implementation of policies and programmes related to the three transformative results, climate resilience and the youth, peace and security agenda (United Nations Security Council resolution 2250); (h) engage with regional human rights institutions and national human rights institutions to ensure that SRH and GBV issues are effectively integrated and addressed in frameworks such as universal periodic review (UPR), the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) and the Convention on the Rights of Persons with Disabilities; and (i) promote evidence-based integration of the three transformative results and demographic change into monitoring and accountability mechanisms for the ICPD agenda, the SDGs, regional and national development frameworks and United Nations system country documents, such as country programme documents (CPDs), the Common Country Assessment (CCA) and the United Nations Sustainable Development Cooperation Framework (UNSDCF).

C. Output 3: Leveraging sustainable financing and investment

24. The regional programme will enhance knowledge and capacities to influence investments in and financing of the ICPD agenda across the region. It will be critical to build on existing tools such as the integrated national financing frameworks while leveraging partnerships with United Nations organizations, such as WHO, to support the development of innovative financing, public-private partnerships and income generating models.

25. The programme will: (a) support engagement in national budgeting processes and work with international financial institutions (e.g., the World Bank, the African Development Bank, the Islamic Development Bank) as they design and implement large-scale grant and lending programmes with governments; (b) support the implementation of the Arab Region “health-friendly budgeting” strategy, which calls for the allocation of sufficient sustainable financial resources for health that are mobilized in a fair and effective manner to ensure adequate financial health protection for all; (c) analyse emerging economic and financing trends across the region to identify opportunities and support national advocacy efforts, including

through expenditure analyses and investment cases, and generate evidence for improved affordability and accessibility of SRH and adolescent SRH and GBV services, particularly for underserved populations; and (d) implement regional-level initiatives that increase funding for governments through climate finance and insurance initiatives, blended finance, development impact bonds, debt-for-health swaps, tax reforms and others – in close partnership with international financial institutions and other United Nations entities.

D. Output 4: Social and gender norms

26. The regional programme will support efforts towards gender equality by addressing deeply rooted harmful social norms and practices – such as GBV, FGM and child marriage – as well as social norms that act as barriers to sexual and reproductive health services and reproductive rights, including in humanitarian contexts. This will be driven by proven localized and intersectional, gender-transformative approaches to identify behavioural incentives and tackle the underlying causes of inequality. Central to this effort is ensuring that gender equality, GBV prevention and access to comprehensive SRH and GBV services remain central to regional efforts, with a focus on those left behind.

27. The regional programme will: (a) scale up innovative social and behaviour change strategies by leveraging good practices and engaging regional partners and United Nations organizations in multisectoral, context-specific social and behaviour change strategies, including male engagement strategies and the provision of CSE to promote positive social norms and emphasize respectful relationships; (b) partner with intergovernmental bodies to advance national commitments that institutionalize policy and normative shifts; (c) facilitate knowledge exchange through South-South and triangular cooperation, drawing on the work of faith-based organizations and UNFPA-UNICEF joint programmes to end FGM and child marriage; (d) engage community champions, role models and gatekeepers to foster sustainable social change and to address stigma, including from service providers; (e) support adolescent girls with skills, assets, social networks and platforms; and (f) strengthen capacities and create coalitions of human rights bodies, women and youth-led organizations to facilitate an enabling environment.

E. Output 5: Quality of care and services

28. Social and geographical inequities contribute to uneven access to SRH services for all population groups. The programme will work on community-based approaches to complement health systems strengthening efforts, including community midwifery.

29. To achieve this output, the regional programme will: (a) build partnerships to expand the availability of regional technical expertise to support implementation of quality SRH/GBV, adolescent and youth-responsive services, including in-school and out-of-school CSE, midwifery models of care, GBV case management (including technology-facilitated GBV), and mental health and psychosocial support, ensuring that information and services are integrated and inclusive of marginalized groups; (b) document opportunities and risks associated with diverse service delivery modalities to support country offices in adapting modalities accordingly, including direct provision through women's and girls' safe spaces, one-stop service centres and youth spaces, with a particular focus on leveraging innovative approaches and platforms, such as artificial intelligence, digital and self-care initiatives; (c) promote cost-effective business models for service delivery and accountability by strengthening service referral systems and through regular monitoring and assessments of service quality and cost-efficiency to enhance quality of care; and (d) monitor health supply chain systems by reviewing country office plans and national strategies to improve last-mile delivery of essential contraceptives, reproductive health commodities and menstrual health products.

F. Output 6: Humanitarian action and preparedness

30. In a region marked by protracted and complex crises, the regional programme will strengthen humanitarian preparedness, response and inter-agency coordination before, during and after crises. This includes institutionalizing and advancing core humanitarian standards and practices, operationalizing key corporate and inter-agency policies, procedures and standards, such as the minimum preparedness actions (MPAs), advanced preparedness actions (APAs), minimum initial service package (MISP), GBV minimum

standards, accountability for affected populations (AAP) and the Inter-agency Standing Committee (IASC) guidelines on working with young people and persons with disabilities.

31. To achieve this output, the programme will: (a) strengthen the skills of partners and national actors for sexual and reproductive health in emergencies, gender-based violence in emergencies, mental health and psychosocial support and the use of CVA as a modality to access SRH and GBV services and as an entry point for social protection and innovative financing strategies; (b) sustain support to inter-agency GBV and SRH coordination where country-level coordination mechanisms and information management systems exist; (c) strengthen the capacities of local organizations, including youth-led organizations, women-led organizations, youth volunteers and national stakeholders, particularly those representing persons with disabilities, to enhance the engagement of marginalized groups in GBV and SRH programming; (d) develop climate adaptation guidance for climate-resilient GBV and SRH service models, including climate-resilient health service delivery across both humanitarian and development contexts; (e) regionally support the strengthening of humanitarian logistics systems to ensure timely delivery of critical supplies in crisis contexts through improved supply chain coordination, infrastructure upgrades and streamlined logistics processes, including by enhancing anticipatory action frameworks that preposition supplies based on climate forecasts; and (f) developing a field-driven regional CVA approach that draws on operational learning from country offices, while informing and aligning with corporate guidance and inter-agency standards.

G. OEE 1: Improved programming for results

32. The regional programme will strengthen country office capacity to deliver impactful, evidence-based and efficient programmes. The programme will prioritize the leveraging of innovation to tackle challenges and significantly improve outcomes, particularly for the most marginalized. This will be achieved through: (a) targeted technical support, knowledge management, quality assurance and oversight across all stages of the country programme development cycle; (b) strengthening planning, monitoring and reporting capacities; (c) investing in evaluation capacity development, including support to national institutions and country offices to generate and use evaluative evidence effectively; (d) supporting the roll-out of the UNFPA Protection from Sexual Exploitation, Sexual Abuse and Sexual Harassment (PSEAH) Strategy and the Secretary-General's Bulletin on Special Measures for Protection from Sexual Exploitation and Abuse (PSEA), including the integration of PSEA measures into programming and strengthening the capacities of country offices and regional partners to uphold PSEA standards; (e) expanding successful and impactful innovations; (f) forging new alliances, engaging with innovation networks and fostering a stronger culture of innovation, through the use of new tools and approaches to enhance programme effectiveness and adaptability; and (g) facilitating South-South and triangular cooperation to collaborate and share knowledge, skills and successful initiatives on UNFPA mandate areas.

H. OEE 2: Optimized management of resources

33. The regional programme will ensure efficient and transparent use of resources by maintaining essential operational capacities, including infrastructure, security, information and communication technology and administrative services. In line with UNFPA policies, the programme will maintain delegation of authority on the management of financial and human resources, ensuring accountability and timely decision-making at the appropriate level. The regional programme will focus on efficiencies in several key areas, including travel and operational capacities. This involves: (a) enhancing the use of innovation and digitalization/technology for strengthened programmes, operations, communications and financial oversight; (b) optimizing operational capacities through automation and capacity-building for optimum artificial intelligence utilization; (c) ensuring efficient and effective monitoring of regular resources by making timely adjustments and redeployments of funds between country offices; (d) strengthening financial accountability by addressing outstanding audit and spot-check findings, particularly with regard to expenditures for implementing partners, and by regularly following up to ensure consistency in reporting; (e) reinforcing risk management through the establishment of a regular monitoring mechanism for enterprise risk management (ERM) frameworks, including the timely implementation of mitigation measures; and (f) ensuring country office internal control frameworks are reviewed and updated regularly to maintain compliance and operational integrity across the region.

I. OEE 3: Expanded partnerships and communications

34. The regional programme will provide guidance and support for mobilizing resources from new and diverse public and private sector donors, including through innovative financing mechanisms and South-South and triangular cooperation modalities. In addition, the programme will identify and cultivate strategic partnerships that leverage comparative advantages to amplify programme impact. To this end, the regional programme will: (a) cultivate and strengthen relationships with existing and emerging donors and partners to mobilize financial and political support for UNFPA work across the humanitarian, development and peace continuum in the Arab States region; (b) support the transition from funding to funding and financing by expanding partnerships with international financial institutions, vertical funds, national governments and philanthropic actors; (c) increase the universe of strategic partnerships, including the corporate sector, academia and foundations, to expand knowledge, reach and resources; and (d) work across the organization to leverage individual giving campaigns, including Islamic funding such as *sadaqah* and *zakat*.

35. The regional programme will drive UNFPA communication efforts to better engage governments, civil society, the media and the public to advance sexual and reproductive health and reproductive rights, gender equality and population and development issues. To this end, the programme will: (a) strengthen UNFPA digital communication platforms and tools to expand audience reach and foster greater stakeholder engagement; (b) enhance internal communication to build collaboration and promote knowledge sharing; (c) strengthen communication for impact, including in humanitarian settings; and (d) support country offices in public communications, particularly in challenging contexts.

III. Programme and risk management

36. In line with programme priorities and informed by identified country needs, the regional programme will provide technical, operational and programmatic support across the Arab States region. The programme will promote coordination, knowledge management and the leveraging of partnerships towards the realization of the SDGs and the ICPD Programme of Action. Recognizing the humanitarian challenges in the region, the programme will focus on reaching the most marginalized and adhering to the principle of leaving no one behind.

37. The programme will be guided by the ongoing business model review and will be primarily implemented by the realigned regional office programme, technical and operations experts, with support from a select number of implementing partners who bring a comparative advantage and relevant expertise. Strategic partnerships with regional bodies, academic institutions, civil society organizations, youth networks and United Nations organizations will play a critical role in supporting successful programme implementation. Through this collaborative approach, the regional programme will also support the implementation of country programmes, ensuring greater efficiencies and innovation, accelerating progress and achieving tangible results across the region.

38. UNFPA will implement an integrated resource mobilization and partnership strategy, emphasizing South-South and triangular cooperation to accelerate high-impact practices. The regional programme will leverage multilateral and multi-country partnerships, including existing efforts within regional frameworks and regional humanitarian resource mobilization initiatives, to mobilize funding and support for key programme outcomes. Broadening partnerships and donors will also address the risks of a shrinking civic, political and financial space through increased engagement on the regional and national levels and diversified funding sources.

39. Operational efficiency will be enhanced through joint programming and collaboration with United Nations organizations, including through use of the harmonized approach to cash transfers (HACT) to manage financial risks and strengthen accountability.

40. The regional office will implement control measures that prioritize programme continuity and staff preparedness, integrating these measures into advanced preparedness actions and emergency response plans. The approach includes leveraging existing UNFPA policies and scaling coordination with country offices, the Humanitarian Response Division and senior UNFPA management under escalation protocols for high-risk contexts, applying no-regrets approaches when necessary. The regional office will support country offices in activating and implementing the emergency policies and procedures, submitting Emergency Fund

and Humanitarian Thematic Fund requests, and mobilizing resources to sustain operations. In highly constrained access contexts, UNFPA will engage third-party actors, deploy personnel such as Global Emergency Response Team specialists and apply the programme criticality framework to stay and deliver essential services.

41. Reputational risks will be addressed by consistent, targeted and early communication. To further protect UNFPA public trust, the regional office will ensure that communication teams are systematically involved at the early stages of partnerships and external engagements. The programme will ensure strengthened proactive and context-specific programmatic communication as part of mitigation measures to address sociocultural barriers and entrenched harmful social norms.

42. The regional office will ensure that adequate mechanisms are in place at the country and regional levels to mitigate SEA, in line with zero tolerance policies. The regional office will promote leadership and accountability for PSEA, moving beyond a focus on compliance to ensure that SEA risks are identified and mitigated, PSEA is mainstreamed across programming, and barriers to reporting are addressed. The programme will ensure adherence to accountability frameworks and the annual management certification and contribute to the Secretary-General's annual report.

IV. Monitoring and evaluation

43. The monitoring and evaluation approach for this regional programme is built on the organization's commitment to results-based management, evidence-informed decision-making and accountability as outlined in the new evaluation policy 2024. The main goal is to rigorously track and assess progress towards achieving the three transformative results, underpinned by demographic change in the region.

44. The regional office commits to results-based, adaptive management through regular monitoring of results, the review of country office reports through corporate systems such as Quantum Plus, and by expanding the use of other platforms such as TrackStudio and DHIS2, to capture more disaggregated and real-time data, ensuring alignment with planned results and enabling course correction. Recognizing the dynamic regional context, the monitoring and evaluation approach uses qualitative and quantitative data in addition to reviews and evaluation findings for learning and improving programme relevance. Periodic reviews including a mid-term will be conducted to allow strategic adjustments.

45. The regional office will continue its efforts in quality-assurance by utilizing its well-developed quality-assurance review process and feedback mechanism built on a country-level peer-review process of routine quarterly monitoring reports and the annual reports of the country offices. It will also continue its capacity-building initiatives in its country offices by providing dedicated technical support to the country offices and their implementing partners to strengthen RBM capacities. Ethical considerations and youth engagement in evaluation will be prioritized, alongside stronger commitment to joint and system-wide evaluations.

46. Lessons learned and recommendations from evaluation exercises will be synthesized in a manner that strengthens decision-making and enhances the effectiveness and efficiency of UNFPA interventions. In addition, the programme will continue enhancing the country office capacities in evaluation, considering gender-responsive, rights-based and youth participation approaches. In addition, the programme will aim to enhance national evaluation capacity and strengthen the evaluation function at the national level. The programme will support, where necessary, regional institutions and national Governments to enhance SDG monitoring and support the preparation of voluntary national reviews.

Annex: Results and resources framework for the Arab States regional programme (2026-2029)

UNFPA Strategic Plan, 2026-2029. GOAL: Achieve universal access to sexual and reproductive health, realize reproductive rights for all and accelerate the implementation of the Programme of Action of the International Conference of Population and Development – with a heightened focus on addressing inequalities within and between countries and leaving no one behind across the humanitarian, development and peace continuum.			
UNFPA STRATEGIC PLAN Outcome 1: By 2029, the reduction in the unmet need for family planning has accelerated.		Indicative resources \$6.83 million (\$4.04 million from regular resources and \$2.79 million from other resources)	
UNFPA STRATEGIC PLAN Outcome 2: By 2029, the reduction in preventable maternal deaths has accelerated.		Indicative resources \$7.98 million (\$4.37 million from regular resources and \$3.61 million from other resources)	
UNFPA STRATEGIC PLAN Outcome 3: By 2029, the reduction of gender-based violence and harmful practices has accelerated.		Indicative resources \$7.60 million (\$4.20 million from regular resources and \$3.40 million from other resources)	
UNFPA STRATEGIC PLAN Outcome 4: By 2029, adaptation to demographic change has strengthened the resilience of societies for current and future generations, while upholding individual rights and choices.		Indicative resources \$4.06 million (\$3.56 million from regular resources and \$0.50 million from other resources)	
Regional programme output	Output indicators, baselines and targets	Partner contributions	Indicative resources
Output 1: By 2029, strengthened data systems, analytical capacity and foresight inform laws, policies, systems and programmes related to sexual and reproductive health, gender equality and other related development sectors for women, girls and young people.	<p>Indicator 1.1: Percentage of countries with strengthened national statistical systems aligned with international standards for generation of disaggregated and accurate data on SRH, GBV, demographic dynamics and other megatrends in all settings. Baseline: 10% Targets: 2026: 45% 2027: 60% 2028: 70% 2029: 75%</p> <p>Indicator 1.2: Percentage of countries that developed demographic scenarios and foresight analyses to inform national development plans, policies and programmes. Baseline: 10% Targets: 2026: 40% 2027: 50% 2028: 60% 2029: 75%</p>	League of Arab States, African Union, academic institutions, regional and national statistical offices, ESCWA, WHO, UN-WOMEN, regional intergovernmental councils	\$2.4 million (from regular resources)

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	<p>Indicator 1.3: Percentage of countries that have common operational datasets on population statistics and early warning and early action data available.</p> <p>Baseline: 10%</p> <p>Targets:</p> <p>2026: 35%</p> <p>2027: 55%</p> <p>2028: 70%</p> <p>2029: 75%</p>		
<p>Output 2: By 2029, improved formulation, integration, and implementation of legal frameworks, policies and programmes related to sexual and reproductive health and reproductive rights, as well as prevention of and response to gender-based violence and harmful practices against women.</p>	<p>Indicator 2.1: Percentage of countries that have integrated SRHR, GBV prevention and response, and youth development into legal and policy frameworks.</p> <p>Baseline: TBD</p> <p>Targets:</p> <p>2026: TBC</p> <p>2027: TBC</p> <p>2028: TBC</p> <p>2029: TBC</p> <p>Indicator 2.2: Percentage of regional and national mechanisms that have integrated SRHR and GBV prevention and response into UHC-related policies, plans and resolutions.</p> <p>Baseline: TBD</p> <p>Targets:</p> <p>2026: TBC</p> <p>2027: TBC</p> <p>2028: TBC</p> <p>2029: TBC</p> <p>Indicator 2.3: Percentage of countries that have enhanced midwifery practices and policies aligned with the regional midwifery framework.</p> <p>Baseline: 0</p> <p>Targets:</p> <p>2026: 20%</p> <p>2027: 40%</p> <p>2028: 55%</p> <p>2029: 60%</p> <p>Indicator 2.4: Number of regional outcome documents derived from regional high-level platforms that advance the ICPD agenda and transformative results.</p> <p>Baseline: 2</p> <p>Targets:</p> <p>2026: 5</p>	<p>League of Arab States, regional intergovernmental forums, non-governmental organizations (NGOs), national disaster management agencies</p>	<p>\$6.5 million (\$2.7 million from regular resources and \$3.8 million from other resources)</p>

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	<p>2027: 8 2028: 11 2029: 14</p> <p>Indicator 2.5: Percentage of countries that involved adolescents and youth in the formulation and implementation of policies and programmes related to the three transformative results. Baseline: 20% Targets: 2026: 40% 2027: 50% 2028: 60% 2029: 80%</p> <p>Indicator 2.6: Percentage of countries that have integrated SRH, GBV, and crisis and climate into national-level preparedness plans and/or climate change and disaster risk reduction frameworks, strategies and commitments. Baseline: 0 Targets: 2026: 10% 2027: 20% 2028: 40% 2029: 50%</p> <p>Indicator 2.7: Percentage of countries that integrated the three transformative results and demographic change into global, regional and national development frameworks and accountability mechanisms and United Nations system country documents (e.g., CPD, CCA, UNSDCF). Baseline: 10% Targets: 2026: 25% 2027: 45% 2028: 60% 2029: 75%</p>		
<p>Output 3: By 2029, increased and diversified financing and investment advance sexual and reproductive health and gender equality and the empowerment of women, girls and young people.</p>	<p>Indicator 3.1: Percentage of countries that conducted and used budget and expenditure analyses to advocate for more and better government spending related to the three transformative results Baseline: TBD Targets: 2026: TBC 2027: TBC 2028: TBC 2029: TBC</p>	<p>Academic institutions, private sector partners, investment and development banks, regional intergovernmental forums</p>	<p>\$2.4 million (from regular resources)</p>

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	<p>Indicator 3.2: Number of regional-level initiatives established to engage with international financial institutions and the private sector on ICPD financing opportunities.</p> <p>Baseline: 1</p> <p>Targets:</p> <p>2026: 2</p> <p>2027: 3</p> <p>2028: 4</p> <p>2029: N/A</p>		
<p>Output 4: By 2029, strengthened capacity of individuals, communities and institutions to address gender discrimination and harmful social and gender norms to advance gender equality, bodily autonomy and reproductive rights.</p>	<p>Indicator 4.1: Percentage of countries that operationalized targeted interventions to challenge and transform discriminatory gender and social norm stereotypes and practices at the individual, community and institutional levels.</p> <p>Baseline: TBC</p> <p>Targets:</p> <p>2026: TBC</p> <p>2027: TBC</p> <p>2028: TBC</p> <p>2029: TBC</p> <p>Indicator 4.2: Percentage of countries where at least one women-led and/or youth-led organization or movement advocated for gender equality, GBV prevention and response, and sexual and reproductive health and reproductive rights.</p> <p>Baseline: TBC</p> <p>Targets:</p> <p>2026: TBC</p> <p>2027: TBC</p> <p>2028: TBC</p> <p>2029: TBC</p> <p>Indicator 4.3: Percentage of countries with a dedicated adolescent girl-centred programme or initiative to empower marginalized girls by building their knowledge, life skills, assets and social networks.</p> <p>Baseline: 25%</p> <p>Targets:</p> <p>2026: 35%</p> <p>2027: 45%</p> <p>2028: 55%</p> <p>2029: 60%</p>	<p>League of Arab States, regional human rights institutions, CSOs/NGOs, including youth and women networks</p>	<p>\$5.1 million (\$1.9 million from regular resources and \$3.2 million from other resources)</p>
<p>Output 5: By 2029, strengthened capacity of</p>	<p>Indicator 5.1: Number of regional initiatives or partnerships established to provide technical expertise to country offices on</p>	<p>United Nations organizations, midwifery associations,</p>	<p>\$3.2 million (\$2.3 million from regular</p>

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systems, institutions and communities to provide high-quality, comprehensive sexual and reproductive health information services, and supplies, as well as essential services to address gender-based violence and harmful practices for women, girls and young people.	<p>appropriate SRH and GBV service delivery approaches and modalities that meet the needs of key marginalized groups.</p> <p>Baseline: 0</p> <p>Targets:</p> <p>2026: 1</p> <p>2027: 2</p> <p>2028: 3</p> <p>2029: 3</p> <p>Indicator 5.2: Percentage of countries that utilize mechanisms for the routine tracking of quality of care of sexual and reproductive health (including family planning) and GBV services.</p> <p>Baseline: 20%</p> <p>Targets:</p> <p>2026: 35%</p> <p>2027: 45%</p> <p>2028: 55%</p> <p>2029: 65%</p> <p>Indicator 5.3: Percentage of countries with functional Electronic Logistics Management Information Systems (eLMIS) at all central-level warehouses.</p> <p>Baseline: 12%</p> <p>Targets:</p> <p>2026: 36%</p> <p>2027: 38%</p> <p>2028: 41%</p> <p>2029: 45%</p> <p>Indicator 5.4: Percentage of countries that operationalized in or out-of-school CSE following international standards.</p> <p>Baseline: 20%</p> <p>Targets:</p> <p>2026: 30%</p> <p>2027: 35%</p> <p>2028: 50%</p> <p>2029: 60%</p>	government ministries, CSOs/NGOs	resources and \$0.9 million from other resources)
Output 6: By 2029, enhanced leadership and operational capacity of humanitarian actors to operationalize coordinated and localized emergency preparedness and responses and to provide life-saving	<p>Indicator 6.1: Percentage of country offices reporting timely implementation of humanitarian preparedness and response interventions (e.g., minimum initial service package, GBV minimum standards, cash and voucher assistance, mental health and psychosocial support).</p> <p>Baseline: TBD</p> <p>Targets:</p> <p>2026: TBC</p>	NGOs, United Nations organizations (OCHA, UN-Women, WHO, UNHCR) GBV area of responsibility, and CSOs including women-led organizations and youth-led organizations.	\$4.9 million (\$2.5 million from regular resources and \$2.4 million from other resources)

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<p>interventions to address sexual and reproductive health, gender-based violence and harmful practices.</p>	<p>2027: TBC 2028: TBC 2029: TBC</p> <p>Indicator 6.2: Percentage of countries with increased engagement of local organizations (women-led organizations, youth-led organizations) to position and implement GBV and SRH within humanitarian response priorities. Baseline: 40% Targets: 2026: 40% 2027: 60% 2028: 80% 2029: 100%</p> <p>Indicator 6.3: Percentage of countries affected by humanitarian crises that have positioned GBV and SRH in leadership/coordination mechanisms and have ensured minimum GBV and SRH standards in humanitarian response plans. Baseline: TBD Targets: 2026: TBC 2027: TBC 2028: TBC 2029: TBC</p>		
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<p>OEE1: Improved programming for results.</p>	<p>Indicator OEE 1.1: Percentage of new country programmes that meet organizational quality standards (i.e., technical, results-based management and evidence-based programming; innovation and demographic analysis and megatrends). Baseline: 0 Targets: 2026: 20% 2027: 60% 2028: 90% 2029: 100%</p> <p>Indicator OEE 1.2: Percentage of regional and country programme evaluation exercises implemented as planned. Baseline: 0 Targets: 2026: 44% 2027: 77% 2028: 88% 2029: 100%</p> <p>Indicator OEE 1.3: Percentage of country offices that have adopted or scaled at least one innovation with evidence of impact, supported by the guidance and technical assistance of the regional office. Baseline: 20% Targets: 2026: 33% 2027: 40% 2028: 60% 2029: 73%</p> <p>Indicator OEE 1.4: Percentage of business units in the region that have systems in place to respond to, prevent and ensure accountability for sexual exploitation and abuse across programmes and operations and address sexual harassment within the workplace. Baseline: 100% Targets: 2026: 100% 2027: 100% 2028: 100% 2029: 100%</p>		<p>\$0.46 million (from regular resources)</p>
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<p>OEE2: Optimized management of resources.</p>	<p>Indicator OEE 2.1: Percentage of total resources used for recurring management costs. Baseline: 24.4% Targets: 2026: 23% 2027: 20% 2028: 19% 2029: 18%</p> <p>Indicator OEE 2.2: Percentage of country offices that timely completed the HACT assurance activities for implementing partners with a reduced number of findings/recommendations. Baseline: 46% Targets: 2026: 61% 2027: 69% 2028: 77% 2029: 85%</p> <p>Indicator OEE 2.3: Percentage of country offices with an unqualified internal audit in the region. Baseline: 0 Targets: 2026: 50% 2027: 75% 2028: 75% 2029: 75%</p>		<p>\$0.88 million (from regular resources)</p>
<p>OEE3: Expanded partnerships and communications for impact.</p>	<p>Indicator OEE 3.1: Percentage of non-core resources mobilized for: (a) country programmes, with regional office support; and (b) the regional programme, against targets. Baseline: 0 Targets: 2026: 90% 2027: 90% 2028: 90% 2029: 100%</p> <p>Indicator OEE 3.2: Number of private strategic partnerships developed, convened and maintained that constitute: (a) brainpower; (b) advocacy/reach; (c) alliances; and (d) resource mobilization. Baseline: 0 Targets: 2026: 4</p>		<p>\$0.63 million (from regular resources)</p>

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	<p>2027: 5 2028: 6 2029: 7</p> <p>Indicator OEE 3.3: Number of joint advocacy initiatives with key partners and stakeholders to advance the UNFPA mandate. Baseline: 0 Targets: 2026: 3 2027: 6 2028: 9 2029: 12</p> <p>Indicator OEE 3.4: Percentage of growth in the combined reach of key digital platforms. Baseline: 0 Targets: 2026: 15% 2027: 30% 2028: 45% 2029: 60%</p>		
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